

GENERAL FACT SHEET

08R-305

BILL NUMBER

BRIEF TITLE

APPROVAL DEADLINE

REASON

Contract with State DHHS
- Refugee Health Screening
Program

DETAILS

POSITIONS/RECOMMENDATIONS

<p>Agreement between the Nebraska Department of Health and Human Services Division of Children and Family Services and the Lincoln Lancaster County Health Department (LLCHD) whereby LLCHD will provide for the delivery of a Refugee Health Screening Program for new refugee arrivals and other eligible populations for the prevention and control of communicable disease pursuant to federal financial assistance for the period of July 1, 2008 to June 30, 2011.</p>	Sponsor	
	Program Departments, or Groups Affected	All automated departments
	Applicants/ Proponents	<p>Applicant</p> <p>City Department</p> <p>Other</p>
<p>Discussion (Including Relationship to other Council Actions)</p>	Opponents	<p>Groups or Individuals</p> <p>Basis of Opposition</p>
	Staff Recommendations	<input type="checkbox"/> For <input type="checkbox"/> Against Reason Against
	Board or Commission Recommendation	<p>BY</p> <input type="checkbox"/> For <input type="checkbox"/> Against <input type="checkbox"/> No Action Taken <input type="checkbox"/> For with revisions or conditions (See Details column for conditions)
	CITY COUNCIL ACTIONS (For Council Use Only)	<input type="checkbox"/> Pass <input type="checkbox"/> Pass (As Amended) <input type="checkbox"/> Council Sub. <input type="checkbox"/> Without Recommendation <input type="checkbox"/> Hold <input type="checkbox"/> Do not Pass

DETAILS

POLICY/PROGRAM IMPACT

	POLICY OR PROGRAM CHANGE	<input type="checkbox"/> NO <input type="checkbox"/> YES	
	OPERATIONAL IMPACT ASSESSMENT	<hr/>	
	FINANCES		
	COST AND REVENUE PROJECTIONS	COST of total project:	\$
		COST of this Ordinance/Resolution	\$
		RELATED annual operating Costs	\$
		INCREASE REVENUE EXPECTED/YEAR	\$
SOURCE OF FUNDS	CITY [Approximately]		
	<hr/>	\$ %	
	<hr/>	\$ %	
	<hr/>	\$ %	
	NON CITY [Approximately]		
	<hr/>	\$ %	
	<hr/>	\$ %	
	<hr/>	\$ %	
BENEFIT COST			
<input type="checkbox"/> Front Foot			
<input type="checkbox"/> Square Foot			
		\$	Average Assessment \$

APPLICABLE DATES:

FACT SHEET PREPARED BY: Bruce Dart, PhD
Health Director

REVIEW BY:

REFERENCE NUMBER